

Name in Full

Certificate of Death

3

Town

County

Died at

MARYLAND

Date 189

8 July 20

Age

Y. M. D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident Suicide Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85068



Basil Suel Dovel

Town

County

Died at

Lusby

Calvert Co

MARYLAND

Date 1898

Month Day

July 20

Y. M. D.

3 26

Native of

Calvert Co

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Bell Suel Dovel

Mother's
Name

Frances E. Leathering

Cause of

Primary

How long sick

One week

Death

Immediate

Lysenter

84

Accident, Suicide, Homicide

Reported by

James S.

Buckner Undertaker

Address

Bertha

Calvert Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

6

Ladie Marie Hawkins

Town

County

Died at

Champerville Calvert

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

July 27

Age

8 21

Champerville Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

James W Hawkins

Mother's

Name

Sarah Jane Harris

Cause of

Primary

Sho-colitis (Acute)

How long sick

14 days

Death

Immediate

(P3)

Accident, Suicide, Homicide

Reported by

Thos. M. Channy M.D.

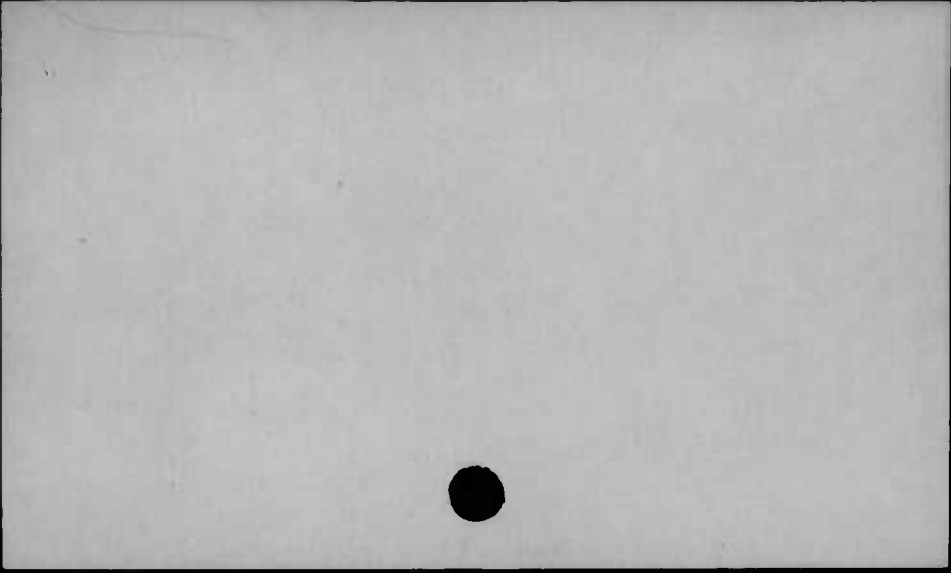
Address

Lunkirk

M-d.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Julius Somerset Johnson

5

Died at Frazier's Calvert

MARYLAND

Date 1898 7-25-37 Age 3-7-25 Native of Calvert Co. Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Father's Name Basil Johnson Mother's Name Eliza A. E. Taylor

Cause of Death { Primary Drinking concentrated Lye Immediate 146c

How long sick 2 months

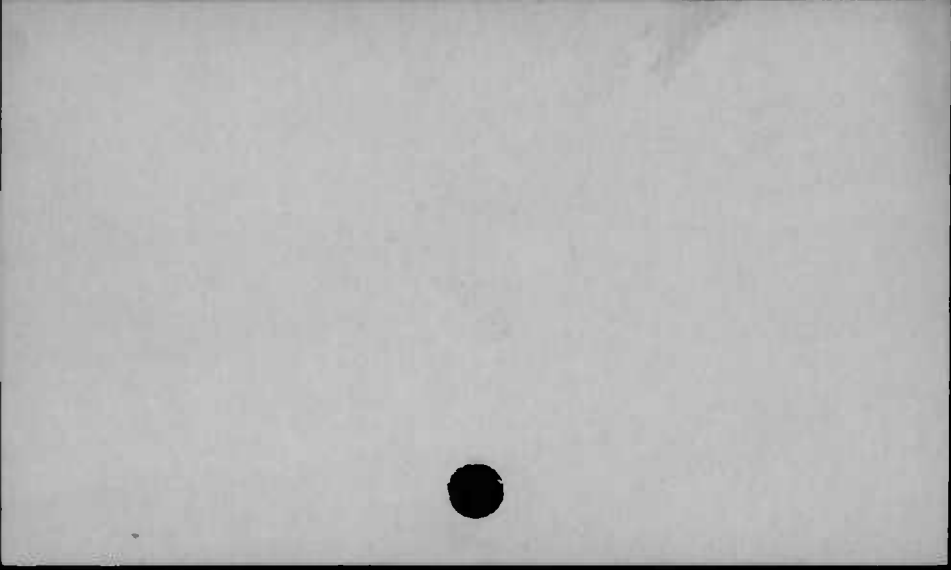
Accident, ~~Suicide~~, ~~Homicide~~

Reported by James L. Tucker, Undertaker.

Address Bertha P.O. Calvert Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

2

Died at

Grace Swann

Town

County

Date 189

Month	Day	Y.	M.	D.	Native of	Occupation
8	July	19	3	9	28	Cherryville

MARYLAND

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Wm H. Swann

Mother's

Name

Ruth E. Fowler

Cause of

Primary

Drowning

How long sick

Death

Immediate

148

Accident, ~~suicide~~, Homicide

Reported by

Thos M. Chaney, M.D.

Address

Dunkirk, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Carahue Taylor

Town

County

Died at

Lusby

Calvert

MARYLAND

Date 189 8 July 2 10 Calvert Servant
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of

Wife

Father's

Name

Elsie Taylor

Mother's

Name

Mary Key

Cause of

Primary

How long sick

6 months

Death

Immediate

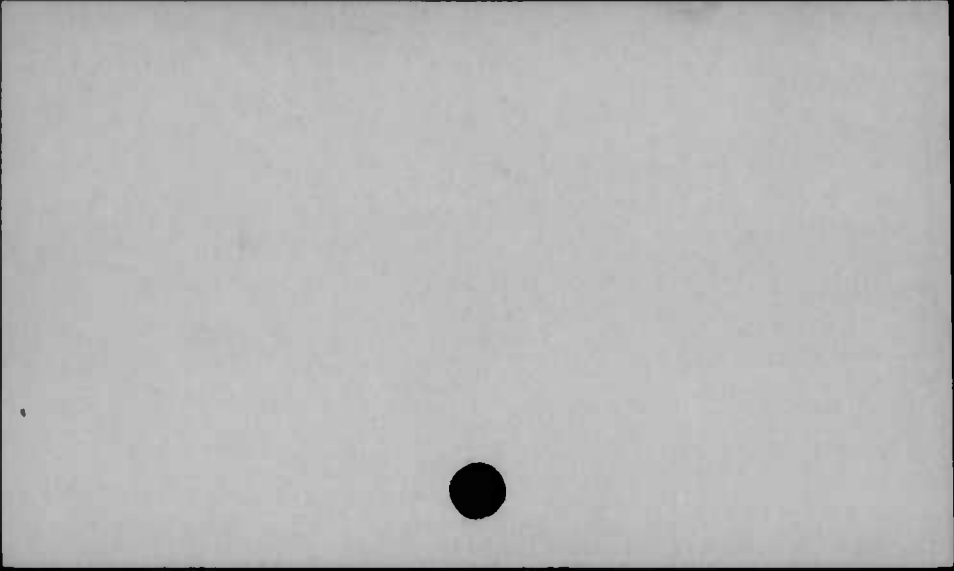
Consumption

~~Accident, Suicide, Homicide~~

Reported by

James S. Tucker Undertaker
Bertha Calvert

Address



Name in Full

Certificate of Death

7

H. M. Word

Town

County

Died at

Port Republic

Calvert

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

7

16

Age

65 yrs.

Calvert

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

None

of

Father's

Name

Mother's

Name

Cause of

Primary

Peritonitis acute, Trauma

How long sick

10 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Phineas Bensen
Muttia

Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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